



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: **DEC 29 2016**

HAND DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 12/29/16

Type: ☐ New ☒ Amended (if amending, enter MEC ID C101109 & section changed 2 and 3)

2. Committee Information

HEALTH EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE, INC. (HEALPAC)

Name of Committee

308 East High Street, Suite 301, Jefferson City, MO 65101

(573) 634-2500

Committee Mailing Address, City, State, & Zip

Telephone Number

Original Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Stephanie Bell

Treasurer's Name (First & Last)

308 East High St., Ste. 301, Jefferson City, MO 65101

Treasurer's Mailing Address, City, State, & Zip

Marc Ellinger

Deputy Treasurer's Name (if one appointed)

308 East High St., Ste. 301, Jefferson City, MO 65101

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (e)

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Treasurer's Home Telephone Number

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Dep. Treasurer's Home Address (optional)

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Dep. Treasurer's Home Telephone Number

(573) 634-2500

Treasurer's Work Telephone Number

(573) 634-2500

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State, & Zip of Candidate

Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Stephanie J. Bell

Committee Treasurer

Candidate (Candidate Committees Only)